

Reynolds
3-19-19

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

55

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 679 Event Name: Detroit Cycling ChampionshipEvent Date : July 13, 2019Street Closure: First Street, Grand River, Second Avenue & BagleyOrganization Name: DAC Cycling L3CStreet Address: 241 Madison Avenue Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☒ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Expo
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

3rd Annual professional/amateur bike race at Beacon Park from 6:00am - 8:00pm; with temporary street closures on First Street, Grand River, Second Avenue and Bagley.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with City Shield Services to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with DMC to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Street Closures
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Audier

Date: March 14, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, February 12, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT MUNICIPAL PARKING DEPARTMENT
RECREATION DEPARTMENT BUSINESS LICENSE CENTER

679 *DAC Cycling L3C, request to hold "Detroit Cycling Championship" on July 13, 2019 from 6:00 AM to 8:00 PM with temporary closures of Grand River, Bagley, 1st and 3rd streets.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit Cycling Championship
 Event Location: Detroit's Beacon Park (route attached) Fun ride

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DAC Cycling L3C
 Organization Mailing Address: 241 Madison Avenue, Detroit, MI 48226
 Business Phone: +1 313-963-9200 Business Fax: _____
 Federal Tax ID # 81-4729845

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Detroit Cycling L3C, Ted Gillary
 Title/Role: Executive Director
 Email Address: tedg@thedac.com
 Mailing Address: 241 Madison Ave, Detroit, MI 48226
 Business Phone: 313 442-1020 / 313-220-6240 Business Fax: _____
 Event On-Site Contact Person: Rob Barr (Kristin Ritter - 313-910-9868)
 Mailing Address: 241 Madison Avenue, Detroit, MI 48226
 Business Phone: 313 442-1046 / 313 475-6872 Business Fax: _____

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors: to confirm (see past sponsor list) = Chemical Bank,
DTE Energy Foundation, Strategic Staffing Solutions,
 Event Elements (check all that apply)

- | | | |
|------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input checked="" type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Expo</u> |

Provide a brief description of your event:

A pro and amateur bike race through the city. Includes healthy living expo, kids bike giveaway to children in the city of Detroit

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 7/12/19 (8pm) Complete Set-up Date & Time: 7/13/19 (7am)

Event Start Date & Time: 7/13/19 (6am) Event End Date & Time: 7/13/19 (8pm)

Begin Tearing Down Date: 7/13/19 (8pm) Complete Tear Down Date: 7/13/19 (11pm)

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit?

2017, 2018

When was the event last held in Detroit?

July 14, 2018

Where was the event last held in Detroit?

Beacon Park, Detroit

What were the hours last year?

same - 6am - 8pm

Project Attendance This Year (Minimum - Maximum)?

7 - 10,000

What is the basis for your projected attendance?

DDP est. from 2018 and anticipated growth

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year?

July 11-12, 2020 (est.)

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☐ Other: _____

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit Beacon Park (see map attached)

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following: attached

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- [] Singers [] Magician
[] Musicians [] Story Telling
[] Comedians [X] Other: DJ / Announcer

Describe the entertainment for this year's event: community expo around cycling event

List proposed entertainers and/or bands performing at the event: N/A - DJ, event race announcers

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system?

TBD

☒ Acoustic-audible, sound heard within natural range

[] Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? ☐ Yes ☒ No

If yes, what type of music? (check all that apply)

- [] Live [] Recorded [] Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

generator -

How many generators will be used?

3

How will the generators be fueled?

gas-generators

Name of vendor providing generators:

Contact Person:

Todd Villeneuve - Event Theory
20801 Ryan Road
Warren, MI 48091

586-755-0000

Address: 20801 Ryan Road
City/State/Zip: Warren, MI 48091

Phone: 586-735-0000

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☒ Radio (Specify stations):

☒ Television (Specify stations):

☒ Newspapers (specify papers):

☒ Web site (identify web address):

☒ Public Relations or Marketing Firm (Specify): TBD (pro-bono)

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☒ Flyers

☒ Street Banners

at DAC property, 241 Madison Avenue, Detroit, MI 48226

☐ Other (specify):

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales?

☒ Yes

☐ No

If yes, please describe:

VIP tent

\$75

course viewing is

free to community

Will there be on-site ticket sales?

☒ Yes

☐ No

If yes, list price(s):

\$75

Will food be sold?

☒ Yes

☐ No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold?

☒ Yes

☐ No

If yes, describe:

event merchandise

Will a percentage of the proceeds be distributed to a charitable organization?

☒ Yes

☐ No

If yes, describe:

most profits raised go back into the community
to beautify and give back
to the city through the
DAC Foundation

If the event is a fundraiser, identify charity or recipient of funds:

DAC Foundation

Will there be vending or sales?

☒ Yes

☐ No

If yes, check all that apply:

☒ Food - Food trucks

☒ Merchandise - sports/event

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages - Beer & wine

☒ Other (specify):

Indicate type of items to be sold:

Will these be exclusive vendors or outside vendors? (please describe):

both - internal / external

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: City Shield Services, Al Shenonda

Address: 3420 Cass Avenue

Phone: al@cityshield.com

City/State/Zip: Detroit, MI 48201

Number of Private Security Personnel Hired Per Shift: TBD

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

Describe the emergency evacuation plan: please see attached

Describe the parking plan to accommodate anticipated attendance: please see attached

How will you advise attendees of parking options? Via registration, on-site

Are you seeking a group parking rate? yes

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

traffic

Have local neighborhood groups/businesses approved your event?

☒ Yes ☒ No letter attached

DTE Energy / Luman - yes

Indicate what steps you have or will take to notify them of your event:

see example letter

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Ted Gillary, DAC

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

tents and stages

How Many?

3-stages, 2 large 20x30 tents

Size/Height

20 10x10 tents

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides) _____
Staging/Scaffolding _____
Bleachers _____

Company: _____

Grill
☐ Gas ☐ Charcoal ☐ Electrical ☐ Propane

Fireworks (Pyrotechnics)
☐ Aerial ☒ Stage

Provide Sketch:

Portable Restrooms:
☒ Standard ☒ ADA Accessible

Vehicles - emergency - wellness - shuttles
 - display - golf carts

Type/Weight: _____

Other: _____

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

NO

Will additional utility services be used (power, water, etc.)? Please describe.

NO

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

NO

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: DDP

Address: _____

Phone: _____

City/State/Zip: _____

Name of company providing emergency medical services?

Contact Person: DMC & DMC RIM - Patricia Jobbitt Hoskin - 313-745-9710Address: 3990 John R.City/State/Zip: Detroit, MI 48201

Name of company providing porta-johns.

Contact Person: Scotties Potties. Tiffany@ScottiesPotties.comAddress: 27940 Wick St.Phone: 734-421-1400City/State/Zip: Romulus, MI 48180

Name of private catering company?

Contact Person: Detroit Athletic Club -Address: 241 MadisonPhone: 313-963-9200City/State/Zip: Detroit, MI 48226**SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening.
Neighborhood Signatures must be submitted with application for approval.

First Street, Grand Blvd, Second Ave, Third St, Bagley

Attach a map or sketch of the proposed area for closure.

STREET NAME: (see attached)FROM _____
TO _____

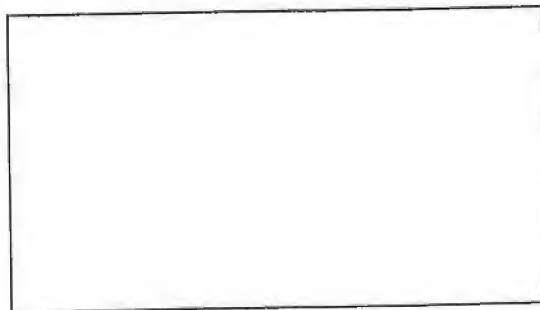
Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

☒ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

The Detroit Cycling Championship is a first-rate community event that is attracting people in the community, businesses and folks from around the globe to compete.

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

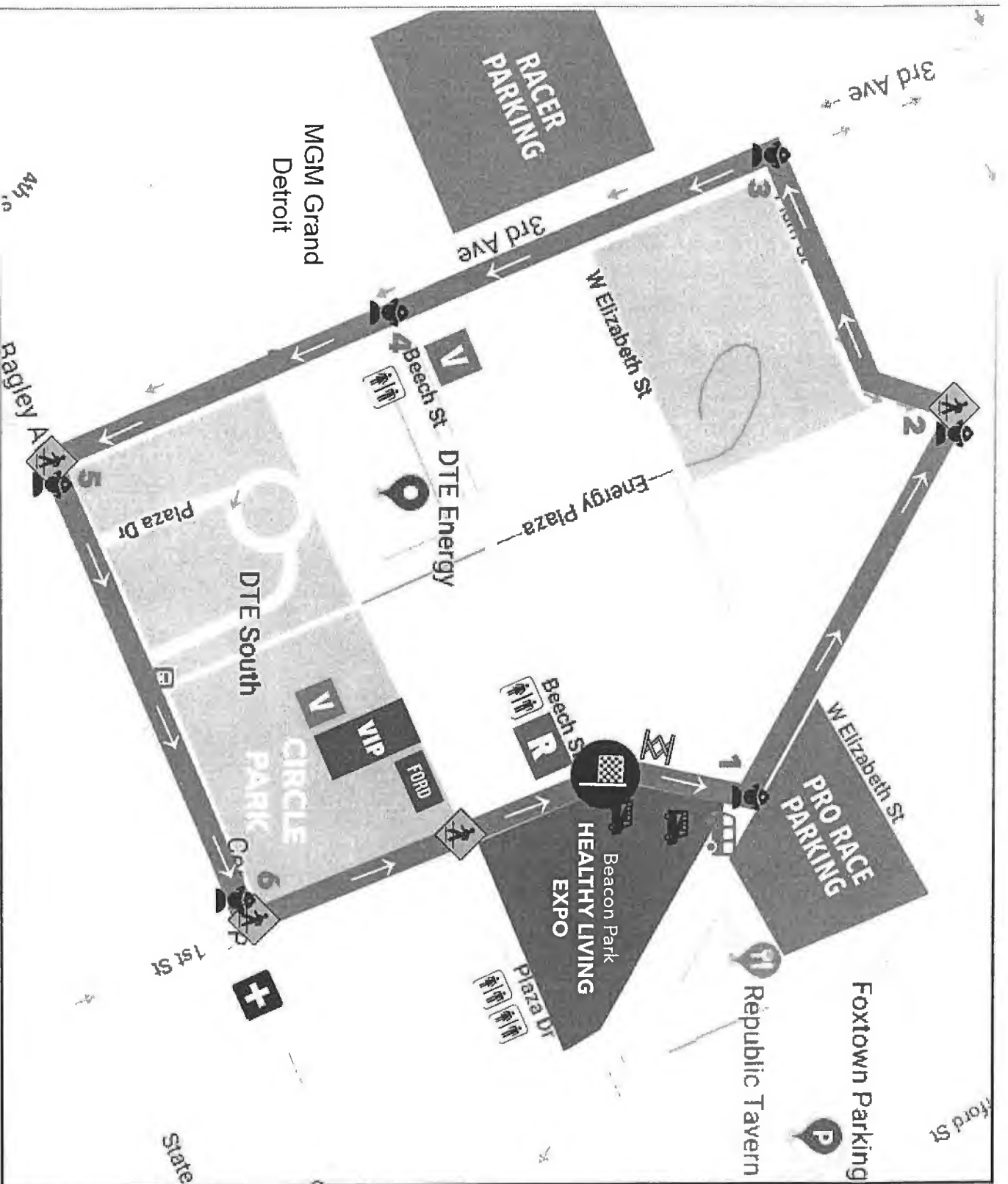
Signature of Applicant

Date

1.24.19

on behalf of the cycling LCC

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



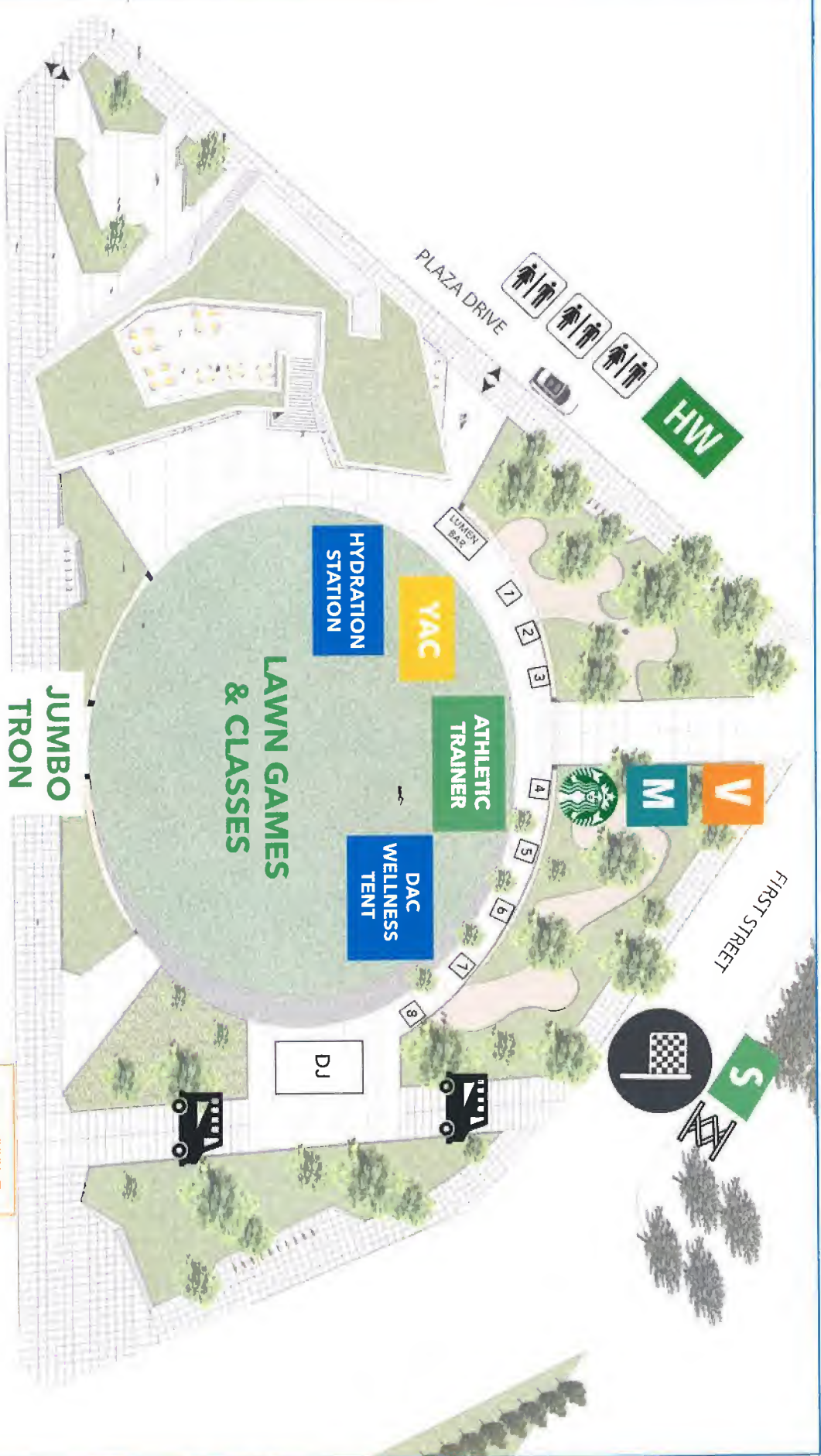
VOLUNTEER MAP 2018



- START/ FINISH LINE
- RACE REGISTRATION
- VIP TENT
- GUEST & RACER PARKING
- VOLUNTEER REGISTRATION
- MEDICAL EMERGENCY VEHICLE
- SHUTTLE PICK UP/ DROP OFF
- RESTROOMS
- FOOD TRUCK
- COURSE MARSHAL
- FESTIVAL CROSSWALK
- SCISSOR LIFT
- RACE ROUTE

RACE	START	DURATION	PRIZES
DAC Cycling Club Race	8:00 AM	0:20	Medals
Juniors 10-12, 13-14	8:30 AM	0:15	Merch & Medals
Juniors 15-16, 17-18	8:55 AM	0:25	Merch & Medals
Women Cat. 3/4/5	9:30 AM	0:25	Merch & Medals
Men Cat. 4/5	10:05 AM	0:30	Merch & Medals
Masters 35+ Cat. 3/4	10:45 AM	0:25	\$500
Men's Cat. 3	11:20 AM	0:40	\$1,000
Master's 50+ 1/2/3/4	12:10 PM	0:40	\$500
Men's Cat. 2/3	1:00 PM	0:50	\$1,500
Masters 35+ Cat. 1/2/3	2:00 PM	0:50	\$1,000
Women's Pro Cat. 1/2	3:00 PM	1:00	\$15,000
Military Veteran (<i>non USA Cycling</i>)	4:10 PM	0:15	Medals
Kid's Race	4:30 PM	0:15	Medals
Men's Pro Cat. 1	5:00 PM	1:20	\$15,000

QUESTIONS? CONTACT SEAN BROWN AT (313) 695-7572



VENDOR LOADING

SHUTTLE DROP OFF

GRAND RIVER



HEALTHY LIVING EXPO

- START/ FINISH LINE
- MERCHANDISE
- FOOD TRUCK
- SCISSOR LIFT
- STAGE
- VOLUNTEER REGISTRATION
- RESTROOMS
- HAND WASHING STATION
- BEACON PARK VENDOR TENTS



EVENT NOTIFICATION

Dear Neighbor,

On Saturday, July 13, 2019, the Detroit Cycling Championship will take place in the Downtown Detroit Entertainment District, around the Beacon Park. The professional and amateur cycling competition is a USA Cycling sanctioned event featuring more than 13 races for men and women athletes throughout the day. The .8 mile race course consists of six turns and requires street closures. We are writing to inform you that street closures will begin approximately 7:00 p.m. on Friday, July 12, 2019, re-open by 5:00 a.m. of Sunday, July 14, 2019. As our valued neighbor, we wanted you to be the first to know about the upcoming race.

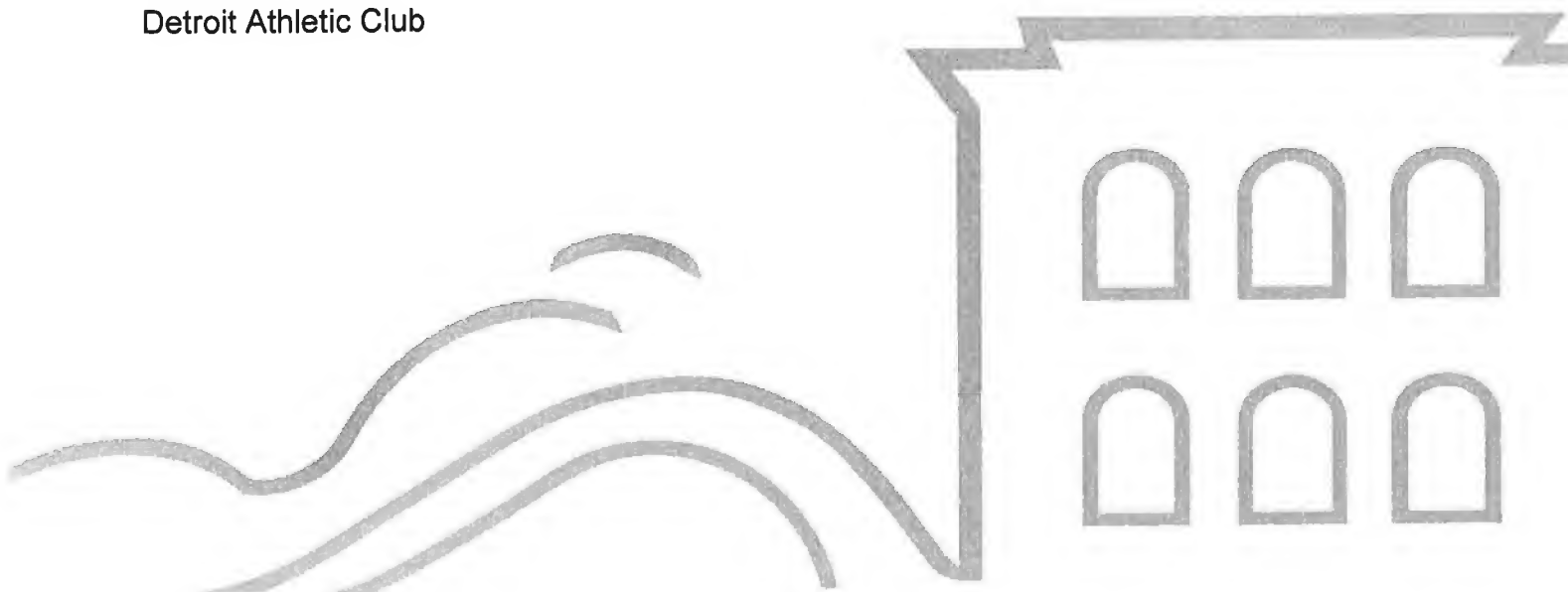
A race course map and draft schedule has been included for reference. Additional updates will be available in the Detroit Cycling Championship website at DetroitCycling.com.

In addition, we invite you to get engaged with this community event that will attract racers and spectators from around the world—representing 20 U.S. states and eight countries. In our second year, we hosted 415 professional and amateur cyclists to compete for more than \$45K in cash prizes and prizes. In the coming months, we will send you additional information to get your business involved and participate in the festivities.

Thank you for your support and we look forward to a first-rate sporting event in the city of Detroit. If you should have any questions, please contact me at +1-313-963-9200 or tedg@thedac.com.

Kind regards,

Ted Gillary
Executive Director
Detroit Athletic Club





EIN Assistant

Your Progress:

1. Identity

2. Authenticate

3. Addresses

4. Details

5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: 81-4729845

Legal Name: DAC CYCLING L3C


The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

Help Topics

 [Can the EIN be used before the confirmation letter is received?](#)

2018 Emergency Action Plan

Detroit Cycling Championship

Detroit, Michigan
July 14, 2018

Contents

Emergency Action Plan
Severe Weather Policy
Public Awareness
Assessment of Course

Emergency Action Plan

An emergency situation may arise during the Detroit Cycling Championship event and this is an outline covering how to manage those situations. The race-assigned phones/radios will be the primary form of communication between race staff, course marshals, medicals staff, and

community officials (police and fire departments if present at the race location). **Emergency Action Plan Personnel – Detroit Cycling Championship**

RIM_first aid staff

Universal Ambulance – on standby

Course Marshalls

Official Race Staff (including USA Cycling race officials)

Detroit Police and Fire Officers

Roles of the Emergency Staff Personnel:

RIM first aid staff: Assess injury or illness of individual and treat the minor scrapes and bruises that go along with bike racing (providing basic first aid, wound care, etc.), as well as evaluating/handling any major injuries that might occur and determine if more medical care is needed which may include contacting [Universal Ambulance] for medical transport.

Course Marshalls: Alert Chief Referee and medical staff of an injury/accident via the radio communications and determine appropriate action with respect to ongoing race status. Course Marshalls will also be assigned to intersections and course crossings for crowd control and safety during the bike races (see diagram on last page for course marshal stations).

Official Race Staff: Help direct crowd control in the event of a significant emergency situation.

Basic guidelines for Emergency Team:

Immediate care of athlete: Most qualified individual on the scene should provide direct acute care.

Life threatening: RIM first aid staff [and/or Universal Ambulance]: provides immediate care i.e. CPR, spinal stabilization, control severe bleeding, etc.

Orthopedic: RIM first aid staff [and/or Universal Ambulance]: to assess severity of injury and appropriate transport method i.e. ambulance, transport via cart to first aid tent, athlete able to walk, etc.

General medical: First aid tent – located near start/finish line (Beech St and 1st St)

EMT Activation: This should be done as soon as the situation is deemed life threatening in any emergency situation. Either medical staff person or Race official should make the call to Universal Ambulance and/or EMT. The person calling needs to remain calm and have the following information:

- Patients name, caller's name, phone #, location

- Severity of injuries, # of people involved
- What care is being provided
- Instructions to reach the scene

The communication to EMT will be made by cellular phone or **race radio**. Once the call is made either a medical staff person or race staff person needs to meet the emergency medical staff at the designated location. **Note: in no circumstances should EMT personnel or ambulance enter onto the racecourse without first consulting with the USA Cycling Chief Referee to make sure the bike race has been “neutralized” (i.e., stopped).**

Emergency Communication Equipment:

The main form of communication will be race-assigned radios and cellular phones and at each venue will be checked for level of reception/signal.

Emergency Equipment: Emergency equipment such as splints, slings, crutches, etc. will be kept in the first aid tent located near start/finish line (Beech St and 1st St)

Spectators, Media, Family Members: Event staff will maintain spectators at a distance to allow medical staff to provide care and emergency medical personnel access to the location. Sports information/marketing personnel will direct media to an appropriate site until a statement is available. Event officials will escort family members to a private area until medical staff is able to communicate the plan of care and give information about the incident.

Overall: The importance of being properly prepared cannot be stressed enough to insure the best possible care for a rider in the event of an emergency.

Severe Weather Policy

Lightening/Tornado:

The Official Race Staff in consultation with the Police Department and/or Fire Department will help to monitor weather conditions and weather alerts that may arise primarily through the use of smart phone technology. The Official Race Staff will keep the Course Marshalls informed of the weather conditions/alerts. The Official Race Staff in consultation with the Police and/or Fire Department will make the determination as to the race being delayed, postponed, etc.

In the event of a weather interruption, the Official Race Staff will work with the race announcers and Course Marshalls to notify riders and spectators of the situation.

DCC Staff, participants etc. will be directed into shelter in place for any adverse weather conditions or civil unrest..

Detroit Cycling Championship, July 14, 2018

Event Medical Staff:

RIM first aid staff and Universal Ambulance

Coverage times: 8:00 am to 6:20 pm

Event First Aid Tent

Located near start/finish line (Beech St and 1st St)

Vehicle for Medical Staff:

Contact Universal Ambulance (Channel 10 on radio) and/or dial 911 for ambulance

Emergency Medical Personnel/Transport:

Detroit Fire Department

Located at 115 Montcalm approx .9 mile from the race Start/Finish area and access to all areas of the racecourse via streets that intersect the course.

Nearest Trauma One Hospital:

Detroit Receiving (Level 1)

4201 St. Antoine Detroit, MI 48201

Located approximately 1.9 miles from the Race Course (insert directions to hospital here)

Nearest Hospital: Detroit Receiving Hospital

Located approx. 1.9 miles from the Race Course. (Insert directions to hospital here)

Important Numbers: *

Universal Ambulance	(O) 586.939.4350
Detroit Police	
Emergency	911.
Non-Emergency	(313) 596.1301(3 rd Precinct)
Detroit Fire Department (non-emergency)	(313).596.1660
DMC Receiving General number	(313) 745.4696

The Detroit Cycling Championship

July 14, 2018

Day-of Contact Sheet/Race Schedule/Race Course

<u>Name</u>	<u>Title/Affiliation</u>	<u>Cell Phone</u>
	Local Bike Race Staff	

Kristin Ritter	DAC	313.394.6349
Rob Barr	DAC	313.475.6872
Kevin Heidisch	DAC	313.220.5201
	<u>City of Detroit</u>	
	<u>Race Organizers</u>	
Tom Schuler	Event Director	414-899-9048
Ken Voyles	Marketing Director	313.442.1034
Andrew Frey	Crew Chief	513 807 5385
Beth Rice	Stage Manager	908 887 3739
	<u>USA Cycling Race Officials</u>	
Mitch Beckner	Chief Referee, USA Cycling	937 875 0081
	<u>Detroit Police/Fire Depts.</u>	
Conrad Petty	Captain, Downtown Services	313.743.7476
Mark Carson	Supervising Event	313.805.6960
	<u>(First Aid)</u>	
Rehabilitation Institute of Michigan (RIM)	Nadia Al’Naimi	248.830.9703
	<u>Ambulance</u>	
Universal Ambulance	Standby ambulance on-site	(O) 586.939.4350

Race Schedule

DAC Cycling Club Race	8:00 AM	0:20
Juniors 10-12, 13-14	8:30 AM	0:15
Juniors 15-16, 17-18	8:55 AM	0:25
Women Cat. 3/4/5	9:30 AM	0:25
Men Cat. 4/5	10:05 AM	0:30
Masters 35+ Cat. 3/4	10:45 AM	0:25
Men's Cat. 3	11:20 AM	0:40
Master's 50+ 1/2/3/4	12:10 PM	0:40
Men's Cat. 2/3	1:00 PM	0:50
Masters 35+ Cat. 1/2/3	2:00 PM	0:50
Women's Pro Cat. 1/2	3:00 PM	1:00
Military Veteran (non USA Cycling)	4:10 PM	0:15
Kid's Race	4:30 PM	0:15
Men's Pro Cat. 1	5:00 PM	1:20

Race Course



Race Schedule

DAC Cycling Club Race	8:00 AM	0:20
Juniors 10-12, 13-14	8:30 AM	0:15
Juniors 15-16, 17-18	8:55 AM	0:25
Women Cat. 3/4/5	9:30 AM	0:25
Men Cat. 4/5	10:05 AM	0:30
Masters 35+ Cat. 3/4	10:45 AM	0:25
Men's Cat. 3	11:20 AM	0:40
Master's 50+ 1/2/3/4	12:10 PM	0:40
Men's Cat. 2/3	1:00 PM	0:50
Masters 35+ Cat. 1/2/3	2:00 PM	0:50
Women's Pro Cat. 1/2	3:00 PM	1:00
Military Veteran (non USA Cycling)	4:10 PM	0:15
Kid's Race	4:30 PM	0:15
Men's Pro Cat. 1	5:00 PM	1:20

Race Course



Bethanie Fisher - Re: Detroit Cycling Championship additional information requested

From: "Kristin Ritter (US - IFS)" <kristin.m.ritter@pwc.com>
To: Bethanie Fisher <fisherb@detroitmi.gov>
Date: 3/14/2019 4:14 PM
Subject: Re: Detroit Cycling Championship additional information requested
Cc: Shannon Murray <shannonm@thedac.com>
Attachments: DCC Traffic control.pdf

Hi there Bethanie,

I just realized that I did not attached one file with the streets. As mentioned, the the **turn by turn covers the course**, actual street closures. As mentioned, the time closures would be 12midnight to 10pm on July 13. As indicated on the map.

Plum from 3rd to Grand River

3rd from Plum to Bagley

Bagley from 3rd to Grand River

1st from Bagley to Grand River

Grand River from Service Drive to Cass

W. Elizabeth from grand River to Cass

Adams from Grand River to Cass.

Cass Avenue is open for people to access the parking lots

Access to the MGM garage on 3rd Street remains open during the event.

We rent Olympia Developments parking lot for Pro Racer parking.

Thank you!

Kristin



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102		CONTACT NAME: Fairly Group Certificates PHONE (A/C, No, Ext): (806) 376-4761 E-MAIL ADDRESS: certs@fairlygroup.com FAX (A/C, No): (806) 337-1859	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Lexington Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event	X		015375404	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job 2019-913

Endorsement LEXDOC021 (LX0404) SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date(s) on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER City Of Detroit Two Woodward Ave Detroit, MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
-------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ENDORSEMENT

This endorsement, effective 12:01 AM 12/31/2018

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
(06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2019-913
Event Name: Detroit Cycling Championship
Event Location: Detroit, MI
Event Date(s): 07/13/2019
Includes Kids Fun Ride

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

A handwritten signature in black ink, appearing to be "J.R. B.", is written above a horizontal line.

Authorized Representative

2019-02-12

679

679 *Petition of DAC Cycling L3C, request to hold "Detroit Cycling Championships" on July 13, 2019 from 6:00 AM to 8:00 PM with temporary closures of Grand River, Bagley, 1st and 3rd streets.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT MUNICIPAL PARKING
DEPARTMENT
RECREATION DEPARTMENT BUSINESS LICENSE

55

56

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 745 Event Name: Utopia GardensEvent Date: April 20, 2019Street Closure: Bellevue StreetOrganization Name: Utopia GardensStreet Address: 6541 E. Lafayette Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Business Block Party
☐ 24-Hour Liquor License

Petition Communications (include date/time)

Block Party located at 6541 E. Lafayette from 10:00am - 8:00pm; with temporary street closure on Bellevue Street.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Nowell Security Agency to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Generator
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required for Food Trucks
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: March 14, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, March 18, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER TRANSPORTATION DEPARTMENT

745 *Utopia Gardens, Request to hold "Utopia Gardens Block Party" at Lafayette and Bellevue on April 20, 2019 from 10:00 AM to 8:00 PM with the partial closure of Bellevue Street. Set up complete 4-19-19, tear down complete 4-20-19.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Utopia Gardens Block Party

Event Location: Lafayette & Bellevue

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Utopia Gardens

Organization Mailing Address: 6541 E. Lafayette, Detroit MI 48207

Business Phone: 313-332-0544

Business Website: www.utopiagardens.com

Applicant Name: Garrett Carter

Business Phone: 313-332-0544

Cell Phone: 248-259-4671

Email: garrett@utopiagardens.com

Event On-Site Contact Person:

Name: Garrett Carter

Business Phone: 313-332-0544

Cell Phone: 248-259-4671

Email: garrett@utopiagardens.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Business Block Party

Projected Number of Attendees: 300-500

Please provide a brief description of your event:

We are hoping to create an annual Utopia Gardens Block Party, bringing together businesses and

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date **04/19/2019** Time: **6:00pm** Complete Set-up Date: **04/19/2019** Time: **10:00pm**

Event Start Date: **4/20/2019** Time: **10:00am** Event End Date: **4/20/2019** Time: **8:00pm**

Begin Tearing Down Date: **04/20/2019** Complete Tear Down Date: **04/20/2019**

Event Times (If more than one day, give times for each day):
April 20th, 2019 from 10am - 8pm.

Section 3- LOCATION/SITE INFORMATION

Location of Event: **Utopia Gardens parking lot, as well as utilizing a portion of Bellevue**

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park _____ City _____
Facility _____

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|----------------------------------------|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

We will be booking multiple artists to perform throughout the day.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? **Crown Power Base 2**

Describe specific power needs for entertainment and/or music:

We will be utilizing a generator owned by Utopia Gardens for entertainment power.

How many generators will be used? **1**

How will the generators be fueled?
A Utopia Gardens employee will be fueling the generator

Name of vendor providing generators:

Contact Person: Generator owned by Utopia Gardens

Address: 6541 E. Lafayette

Phone: 313-332-0544

City/State/Zip: Detroit, MI 48207

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food ☐ Merchandise ☒ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

We will be securing 1 or 2 food trucks to provide attendees with complimentary food and non-alcoholic beverages.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Nowell Security Agency

Contact Person: Lamar Nowell

Address: 19100 W 10 Mile Road, Suite 204

Phone: 313-598-4484

City/State/Zip:

Southfield, MI 48075

Number of Private Security Personnel Hired Per Shift:

2

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

How will you advise attendees of parking options?

We will be utilizing the Utopia Gardens parking lot. Security will also be directing attendees to an overflow parking area, if needed.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
A portion of Bellevue will be closed for the event day (April 20, 2019).

Have local neighborhood groups/businesses approved your event?

☐ Yes ☒ No

Indicate what steps you have or will take to notify them of your event:
We will be working with the local business association to notify neighborhood groups/businesses about the event. We will also be going around door-to-door to notify neighborhood groups/businesses.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	1	20' x 40'
Staging/Scaffolding	0	
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: **Not currently available. Will source if required.**

Address:

City/State/Zip:

Name of company providing port-a-johns. Not currently available. Will source if required.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? Not currently available. Will source if required.

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Bellevue St

FROM: Lafayette

TO: 300 Feet North from Lafayette

CLOSURE DATES: 4/20/2019

BEG TIME: 6:00am

END TIME: 10:00pm

REOPEN DATE: 4/20/2019

TIME: 10:00pm

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

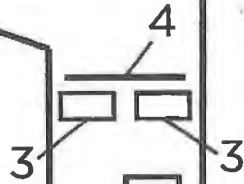
REOPEN DATE: _____ TIME: _____

LEGEND

- 1 - 20' x 40' Canopy
- 2 - Neighborhood Business Booths
- 3 - Food Trucks
- 4 - Type 3 Barricades

1052 Bellevue St
Lot

Bellevue St



Overflow
Parking

Utopia Gardens
Parking Lot

1

Utopia Gardens
6541 E. Lafayette

East Lafayette St

4



April 20, 2019 Businesses

1xRun/Murals in the Market

- Based in **Detroit**, Michigan, 1xRUN ("one-time run") is the world's leading publisher of fine art editions and online destination for original art
- Interested in vending artwork from Detroit artists

Aptemal Clothing

- Our mission is to shine a spotlight on Detroit's emerging and established artist by bringing their products and visions to the marketplace through collaboration. We want to stay true to the culture by portraying an honest self-expression of the city, and those that relentlessly follow their passion of hustling to make a living.
- Interested in vending their clothing

DCFC Field House

- Detroit City Fieldhouse is Detroit's new 75,000 square foot indoor facility located at 3401 E Lafayette Street. Home to men's, women's, co-ed and youth soccer leagues, as well as indoor lacrosse, ultimate frisbee and more!
- Not interested in vending

McClary Brothers

- McClary Bros. is based in the Eastern Market district of Detroit and we handcraft delicious small batch Drinking Vinegars. We source out the majority of our fruits, vegetables and herbs from local farmers. These farmers grow in the metro Detroit area and regions throughout the Great Lakes.
- Interested in vending their drinking vinegars

UTOPIA
GARDENS

6541 E. Lafayette
Detroit, MI 48207
info@utopiagardens.com
313-332-0544



Sanitation Plan

Utopia Gardens will coordinate all sanitation

Pre-Event

- Utopia Gardens will acquire a total of two (2) trash receptacles & two (2) recycling receptacles. These will be placed on Bellevue Street, as designated on the layout with item 5.
- Utopia Gardens also has an enclosed dumpster with weekly pickups for trash

During Event

- A Utopia Gardens Employee will do hourly pickups of the trash and recycling receptacles, to be placed within the enclosure of the dumpster, and replaced the receptacles with new bags.
- If needed, more regular pickups will be made throughout the event

Post-Event

- All bags will be given a visual inspection to ensure correct placement of trash/recycling.
- Once all trash and recycling is sorted, we'll place trash into dumpster and recycling will be driven to Recycle Here!
 - Recycle Here!
1331 Holden Street, Detroit, MI 48202



6541 E. Lafayette
Detroit, MI 48207
info@utopiagardens.com
313-332-0544



UTOPI-2

OP ID: AB

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
02/27/2019

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PRODUCER Korotkin Insurance Group P O Box 431 Southfield, MI 48037-0431 Matthew Warsh	248-352-5140	CONTACT NAME: Angel Longthorne PHONE (A/C, No, Ext): 248-352-5140 FAX (A/C, No): 248-352-0305 E-MAIL ADDRESS: angell@getkig.com														
INSURED Utopia Gardens LLC Material Asset Management LLC 6541 East Lafayette Detroit, MI 48207		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Topa Insurance Company</td><td></td></tr><tr><td>INSURER B : Conifer Insurance Company</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Topa Insurance Company		INSURER B : Conifer Insurance Company		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		CTK-0004128-01	02/05/2019	02/05/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> Products Liability			CTL-0002120-01	02/05/2019	02/05/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	CIWC001583	02/01/2019	02/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Detroit is included as additional insured on the General Liability when required by written contract, written agreement or permit

CERTIFICATE HOLDER**CITY OF**

City of Detroit
2 Woodward Avenue
Detroit, MI 48226

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Subject: Quote

Date: Wednesday, February 27, 2019 at 12:52:01 PM Eastern Standard Time

From: lori

To: Garrett Carter

Our special event unit is \$125.00.

Price includes: delivery, pick up, toilet paper, and hand sanitizer.

Thank You,

Lori Proctor

Bob's Sanitation Service Inc/Scotty's Potties

PO Box 530845, Livonia, MI, 48153

734-421-1400

Subject: 4-20-19

Date: Monday, March 4, 2019 at 1:59:41 PM Eastern Standard Time

From: Jordan Ellis

To: Garrett Carter

Garrett,

You have my permission to use the lots owned by eastside ventures located across the street from utopia gardens on bellevue and east lafayette detroit mi. For your company event scheduled for 4-20-19.

Regards,

Jordan Ellis

313-580-0941

special events - Fwd: April 20th Block Party

From: Donnell Cravens <donnell@utopiagardens.com>
To: "specialevents@detroitmi.gov" <specialevents@detroitmi.gov>
Date: 2/27/2019 3:08 PM
Subject: Fwd: April 20th Block Party
Cc: Garrett Carter <garrett@utopiagardens.com>

Hello Bethanie, Forwarding correspondence with General Acid Proofing located at 1051 Bellevue allowing us to hold the block party in its current format.

Donnell E. Cravens

Utopia Gardens
 6541 E Lafayette
 Detroit, Mi 48207

[248-231-7280](tel:248-231-7280)

Begin forwarded message:

From: <generalacidproof@cs.com>
Subject: Re: April 20th Block Party
Date: February 27, 2019 at 2:42:19 PM EST
To: donnell@utopiagardens.com

Donnell,

Good afternoon! We have no problems with you having a block party on April 20th, as long as we can access our gate. Have a great party. If you have any questions feel free to give me a call or an e-mail. Have a great day!
 Thank You,

Shane Wiedyke
 General Acid Proofing, Inc.
 1051 Bellevue
 Detroit, MI 48207
 Phone [\(313\) 571-1700](tel:(313)571-1700)
 Fax [\(313\) 571-1483](tel:(313)571-1483)
 Email generalacidproof@cs.com

-----Original Message-----

From: Donnell Cravens <donnell@utopiagardens.com>
 To: generalacidproof@cs.com <generalacidproof@cs.com>
 Cc: Garrett Carter <garrett@utopiagardens.com>
 Sent: Wed, Feb 27, 2019 2:29 pm



Nowell Security Agency

19100 W Ten Mile Road, Suite 204
Southfield, MI 48075
(248) 996-9710

QUOTE

Utopia Gardens
6541 E Lafayette
Detroit, MI

Date	Time In	Time Out	Hrs Worked	Total Guards	Amount Paid	Total Amount
Saturday, April 20, 2019	10:00 AM	8:00 PM	10	3	\$ 15.00	\$ 450.00
TOTAL			10			\$ 450.00

THANK YOU FOR YOUR BUSINESS!

Lamar Nowell Sr., President
(313) 598-4484

Brenda Ellis, HR/Payroll
(313) 627-1745

2019-03-18

745

745 *Petition of Utopia Gardens, Request
to hold "Utopia Gardens Block Party"
at Lafayette and Bellevue on April 20,
2019 from 10:00 AM to 8:00 PM with
the partial closure of Bellevue Street.
Set up complete 4-19-19, tear down
complete 4-20-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT DPW - CITY ENGINEERING
 DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT
MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER TRANSPORTATION

56

**OFFICE OF CONTRACTING
AND PROCUREMENT**

March 14, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3031530 100% City Funding – To Provide Residential Demolition of 11.8.18 Group A (9 Properties in Districts 3). – Contractor: Blue Star, Inc. – Location: 21950 Hoover, Warren, MI 48089 – Contract Period: Upon City Council Approval through March 3, 2020 – Total Contract Amount: \$264,084.42. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 3031530 referred to in the foregoing communication dated March 14, 2019, be hereby and is approved.

58

**OFFICE OF CONTRACTING
AND PROCUREMENT**

March 14, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6000851 100% Federal Funding – AMEND 1 – To Provide Wayne County Prosecutor Services, Issuing Arrest Warrants for Offenders through the DOJ/DPD Encourage to Arrest Program. – Contractor: Wayne County Prosecutor's Office – Location: 1441 St. Antoine, Detroit, MI 48226 – Contract Period: Upon City Council Approval through September 30, 2019 – Contract Decrease: \$167,000.00 – Total Contract Amount: \$73,328.00. ***POLICE (Amendment to Reduce Funding Amount and Extend Time between the Wayne County Prosecutors Office and the Detroit Police Department. Original Contract Date; February 1, 2017, through September 30, 2018.)***

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER **BENSON**

RESOLVED, that Contract No. 6000851 referred to in the foregoing communication dated March 14, 2019, be hereby and is approved.



59

Date: March 8, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**

ADDRESS: 2984 Rochester

NAME: Twan Williams

Demolition Ordered: October 16, 2017

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on March 1, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Twan Williams, 24725 W. 12 Mile RD, Suite 302, Southfield, MI 48034



CITY OF DETROIT
BUILDINGS, SAFETY ENGINEERING AND ENVIRONMENTAL DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVE., FOURTH FLOOR
DETROIT, MICHIGAN 48226
(313) 224-0484 • TTY: 711
WWW.DETROITMI.GOV

60

Date: March 8, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 2972 Rochester
NAME: Twan Williams
Demolition Ordered: October 16, 2017

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on March 1, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

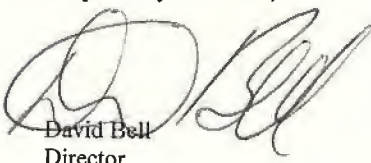
1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,



David Bell
Director

DB:bkd

cc: Twan Williams, 24725 W. 12 Mile RD, Suite 302, Southfield, MI 48034



61

Date: March 13, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**

ADDRESS: 14305 Prevost

NAME: Montrez Auberry

Demolition Ordered: March 17, 2014

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on February 15 & March 6, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 1st deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Montrez Auberry, 7329 Genoa, Detroit, MI 48213



62

Date: March 12, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**

ADDRESS: 13911 Bramell

NAME: Leonardo DeBardelchen

Demolition Ordered: July 28, 2014

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on March 1, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1st deferral request for this property.

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Leonardo DeBarde;eben, 8749 Pembroke AVE, Detroit, MI 48221

CITY CLERK 15 MAR 2019 PM 4:25



63

Date: March 13, 2019

HONORABLE CITY COUNCIL

RE: **RECOMMENDATION FOR DEFERRAL**
ADDRESS: 9919 Hartwell
NAME: Easy Housing LLC
Demolition Ordered: October 1, 2018

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on February 20, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. **This is the 2nd deferral request for this property.**

Therefore, we respectfully recommended that the demolition order be deferred for a period of six months subject to the following conditions:

1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
2. BSEED will schedule a Progress Inspection within forty-five (45) calendar days from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every forty-five (45) calendar days, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell
Director

DB:bkd

cc: Easy Housing LLC, 8 the Green, STE R, Dover, DE 19901



COUNCIL MEMBER AT-LARGE

JANEÉ L. AYERS

64

Coleman A. Young Municipal Center
2 Woodward Avenue, Suite 1340
Detroit, Michigan 48226

Phone 313-224-4248
Fax 313-224-1787
www.detroitmi.gov/janeeyers

MEMORANDUM

TO: James Craig, Police Chief
Detroit Police Department

FROM: Janee' Ayers, Chair
Budget, Finance & Audit standing Committee

DATE: March 15, 2019

RE: Request for Information Regarding Scheduling and Overtime during
Department Travel for Special Events

In order to properly track the City's budget, I am requesting the Police Department to please provide information regarding scheduling and overtime during department travel for special events, particularly the *Baker to Vegas* run:

- How does the Department handle scheduling, vacation and overtime during the event?
- Do the officers attending the event use vacation for it or is it a paid trip?
- How does the Department cover the shifts for officers in attendance? Is overtime used to cover their shifts?

Thank you in advance for your time and effort,

Janee' Ayers
Detroit City Council

cc: Colleagues

CITY CLERK 2019 MAR 15 PM 3:23
City Clerk